

NEVADA DEPARTMENT OF CORRECTIONS
EMPLOYEE PAYROLL MEMORANDUM

Budget Account _____ Social Security # _____
Check Digit _____

Name _____ Institution _____

Please state the payroll problem – indicate dates.

Employee Signature _____

Supervisor Signature _____

Institutional Payroll Supervisor: (What research has been done and what action
needs to be taken to correct the pay problem?)

Payroll Supervisor Signature _____

Department of Corrections Central Payroll

Date Received _____ Pay Period Action Taken: _____

Department Payroll Signature: _____